



Contract-Worker Award Program Nomination Form

*****One Nomination Form Per Contract Worker*****

Type of Award

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Contract Worker

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Spot Award

Contract Worker Name	Z Number	Subcontractor	Organization	Cost Code	Program Code	Cost Account	Work Package	Proposed Amount
Suggested Vendor for Spot Award								

	Print Name	Signature	Organization	Date
Nominated by:				

Spot Award Approved by: Group Leader				

CAP Award Approved by: Division/Program Director				

Reviewed by: HR Generalist				

CAP Nomination Form (continued)

Justification To Support Nomination

Specify accomplishment being recognized and briefly explain how the achievement surpasses expectations or goals defined for the job.

Impact

Explain briefly how this achievement contributed to the fulfillment of organizational, cross-organizational, or Laboratory-wide goals/objectives.